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FAMILY NAME: KOEPP DELAY WAIVED (Y/N): Y  
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CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
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CITY: CHICAGO  
STATE/COUNTRY: IL ZIP: 60690

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APPLICATION TITLES:

METHOD FOR OPERATING INTERFACE MODULES IN AN ATM COMMUNICATIONS DEVICE

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

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<b>SERIAL NUMBER</b> 09/857,926	<b>FILING DATE</b> 06/11/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 112740-170
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A 371 OF PCT/DE99/03808 12/01/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 198 56 835.5 12/09/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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#29177

## TITLE

Method for operating interface modules in an atm-communications device

<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) : <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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